Airway: Oral Endotracheal Intubation

P EMT- P P

Clinical Indications:

- An unconscious patient without a gag reflex who is apneic or is demonstrating inadequate respiratory effort.
- Inability to adequately ventilate a patient with a Bag Valve Mask with or without airway adjuncts thus requiring a more advanced airway.

Procedure:

1. Prepare, position and oxygenate the patient with 100% Oxygen.
2. Select proper laryngoscope, ET tube and stylette, if used. Have suction, Waveform Capnography (EtCO2), and back-up Endotracheal Tube Introducer (Gum Elastic Bougie) ready.
3. Using laryngoscope, visualize vocal cords. (Use Sellick maneuver/BURP to assist you if needed).
4. Limit each intubation attempt to no more than 30 seconds with adequate re-oxygenation utilizing a BVM between attempts.
5. Visualize ET tube passing through vocal cords!
6. Inflate the cuff with 3-10 cc of air.
7. **Confirm and document tube placement using Continuous Waveform Capnography (EtCO2)**.**
8. Auscultate for bilaterally equal breath sounds and absence of sounds over the epigastrium. If you are unsure of placement, remove tube and ventilate patient with bag-valve mask.
9. Secure the tube to the patient.
10. After 3 ventilations, ETCO2 should be >10 or comparable to pre-intubation values. If < 10, check for adequate circulation, equipment, and ventilatory rate. If ETCO2 still < 10 without physiologic explanation, remove the ET Tube and ventilate by BVM.
11. Record Waveform Capnography (EtCO2) readings on scene, en route to the hospital, and at the hospital.
12. Document ETT size, time, attempts/success, and placement location by the centimeter marks either at the patient's teeth or lips in the patient care report (PCR). Also document positive or negative breath sounds before and after each movement of the patient.
13. Place an NG or OG tube to clear stomach contents after the airway is secured with an ET tube if available and time permits.

It is required that the airway be monitored continuously through Waveform Capnography and Pulse Oximetry!
****Color Capnometry will only to be utilized if Waveform Capnography is inoperative.**

Certification Requirements:
Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, skills station demonstrations, or other mechanisms as deemed appropriate by the EMS Medical Director.